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ABSTRACT

This paper presents a two-year primary prevention intervention aimed at reducing institutional racism and sexism at a large midwestern university. A case study format is used to describe the history, process, and outcomes of the consultation that resulted in proactive change in the institution. Definitions of primary prevention are given and the role of counseling psychology in primary prevention is discussed. Consultation is presented as a vehicle for primary prevention and positive institutional change; various consultation forms are outlined. The Consulcube model that encompasses the range of possible consultation activities is described; consultation hybrid models are presented in terms of their sensitivity to primary prevention work and to issues related to institutional racism and sexism. Definitions of institutional racism and sexism are followed by a discussion of the background of the primary prevention consultation emphasizing the functions of the committee charged with investigating issues related to racism and sexism. Committee formation, process, and outcomes are described in detail and implications for further interventions by counseling psychologists in primary prevention are discussed. (NRB)

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Primary Prevention: Reducing Institutional Racism/Sexism Through Consultation - Case Study

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Primary Prevention: Reducing Institutional Racism/Sexism Through Consultation - Case Study

Racism, sexism, and other forms of oppression are receiving increased attention in psychology. Albee (1981) has recently described sexism as a form of psychopathology -- delusional and dangerous to others (p. 20). Sue (1978) has outlined a working theory of how cultural oppression occurs in counseling and psychotherapy. Ivey (1980) has recommended that counseling psychologists combat institutional racism through prevention and the psychoeducator model. There is a pressing need in society to understand how institutional oppression operates and to develop preventive methods to reduce its negative effects in people's lives.

This paper will describe a 2-year primary prevention intervention to reduce institutional racism and sexism on a large midwestern university campus. The author chaired a committee entitled "Campus Committee to Reduce Sex and Race Role Stereotypes" which was charged with enumerating specific solutions to the problem of racism and sexism on the campus. Through the committee work and one year of consultation with the central administration, some changes were brought about through this intervention. This paper will be written as a case study describing the process, problems, and outcomes of this consultation intervention. The objectives of the paper include: 1) to provide a rationale for primary prevention and consultative interventions to reduce racism and sexism in Higher Education (Lopez & Cheek, 1978); 2) to describe the history, consultation processes and outcomes of the two year consultation intervention (October, 1977 - June, 1979) to reduce institutional racism/

sexism; 3) to describe the institutional dynamics between the author and six major administrators as the intervention became "public" through the campus and city newspaper; 4) to discuss the results and outcomes of the intervention in terms of the university's acceptance of 11 of 15 recommendations; 5) to discuss the implications of this type of intervention for counseling psychologists involved in primary prevention, consultation, and institutional change.

Primary Prevention Concepts

Primary prevention of psychological problems is an important issue for psychologists (Albee, 1980; Albee & Justin, 1977; Forgays, 1978; Joffee & Albee, 1981: Kessler & Albee, 1975) and specifically for counseling psychologists (Conyne, 1980, Note 1; Jordaan, Myers, Layton, Morgan, 1968; Ivey, 1976; Whiteley, 1980a, 1980b). Defining primary prevention is essential for the concept to become a functional reality in psychology. Kessler and Albee review over 50 definitions of primary prevention and note a lack of consistency in the terminology used. For the purposes of this paper, two definitions of primary prevention will be used:

1. Primary prevention encompasses activities directed toward specifically identified vulnerable high risk groups within the community who have not been labeled psychiatrically ill and for whom measures can be undertaken to avoid the onset of emotional disturbances and/or to enhance their level of positive mental health. Programs for the promotion of mental health are primarily educational rather than clinical in conception and operation, their ultimate goal being to increase people's capacity for dealing with crises and for taking steps to improve their own lives (Goldston, 1977, p. 20).

2. Primary prevention is (1) proactive, and (2) population-based. It includes (3) anticipating potential disorder for a (4) population at risk and introducing (5) before-the-fact-interventions that are delivered (6) directly or (7) indirectly. These interventions are intended to (8) reduce the incidence of the disorder by (9) counteracting harmful circumstances that contribute to it and/or by

(10) promoting emotional robustness in the population at risk so that population members are both (110) protected and (12) become more fully competent. (Conyne, 1981). Definitions of these key concepts are found in table 1. These definitions explain the direction, activity,

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Insert Table 1 About Here

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and outcomes of primary prevention and will be used throughout this paper. These definitions imply that primary prevention will change the local conditions within a community or an organization in order to improve positive development of persons or reduce negative reactions to stress (Kelly, 1977).

Counseling Psychology and Primary Prevention

Conceptions of counseling have expanded in the last few years to yield different models, roles, and methods that counseling psychologists can choose. Pertinent to our focus in counseling psychology is the emergence of an ecological helping model (e.g., Banning, 1979; Egan & Cowan, 1979; Ivey, 1980) that emphasizes prevention of problems through environmental change and skill building (e.g., Conyne & Clack, 1981; Krasner, 1980; Morrill, Oetting & Hurst, 1974). These new directions for counseling psychology are compatible with the substantial primary prevention efforts that have been adapted by public health and community psychology. They also complement the dominant historical thrust of counseling psychology on remediation.

Primary prevention offers a goal for counseling that has significant ramifications. A most important one for this paper is that environmental systems can cause or exacerbate problems that large numbers of people will experience and that system change, rather than individual

correction, is the intervention of choice. Besides being potent negative societal forces, we shall see later in this paper that racism and sexism provide elegant metaphors for viewing environments, their effects on "victims" (Ryan, 1971), and how a primary prevention change model can be delivered through consultation.

Recently, increased attention has been given to the mechanics of primary prevention in college and university environments (Banning, 1979; Hamilton & Meade, 1979; Huebner, 1977, 1979; Leonard, 1977; Treadway, 1979). Huebner (1979) describes the ecosystem perspective as a comprehensive approach to primary prevention including proactive institutional change. Hamilton and Meade (1979) discuss consulting on the campus as an approach to proactive redesign of unhealthy campus environments. Additionally, other authors have specified strategies for primary prevention through effective institutional interventions and change (Banning, 1979; Conyne, 1975, 1977; Dustin, 1977; Leonard, 1977).

Despite the relative embryonic status of primary prevention in the field, however, ways to conduct it are evolving. These vehicles include educational and media campaigns, (Maccoby & Alexander, 1979), action research (Price & Polster, 1981), research dissemination (Rappaport, Seidman & Davidson II, 1979), competency building (Handy & Pedro-Carroll, 1980; Shure, 1979), promoting social support networks (Gottlieb & Todd, 1979; Sarason, Carroll, Maton, Cohen, & Lorentz, 1977), social climate design (Moos, 1979a, b), physical environment redesign (Holahan, 1979; Steele, 1973), environmental assessment and design (Conyne & Clack, 1981; Huebner, 1979) and consultation (Blake & Mouton, 1976; Caplan, 1979; Conyne & Clack, 1975; Hamilton & Meade, 1979; Holahan, 1977;

Lippitt & Lippitt, 1978; Schein, 1969). This listing of primary prevention vehicles represents a "sampler" of possibilities. It is probably not inclusive and most certainly contains overlap. Rather than elaborating on these points, however, we want to concentrate on one of the vehicles, consultation, as an important means for counseling psychologists to use in meeting primary prevention goals.

Consultation - A Vehicle for Primary Prevention and Positive Institutional Change

Mental health consultation is fast becoming a central focus of psychologists' offering to the public. For decades, the one-to-one treatment modality has dominated our thinking about our roles and contributions to society. Recently, critical analyzes of our society indicate that many of our mental health problems are emanating from how institutional power is used and abused (Albee, 1980). Consultation with regard to institutional decision making can result in the prevention of institutional power problems and the enhancement of the living-learning environments on the campus.

Increased attention is being given to the role of consultation as a vehicle for primary prevention activities (Blake & Mouton, 1976; Caplan, 1970; Kurpius & Brubaker, 1976; Lippitt & Lippitt, 1978; Mannino, MacLennan, & Shore, 1975). Lippitt and Lippitt (1978) define consultation as a two way interaction and process of seeking, giving, and receiving help that is aimed at aiding a person, group, organization or larger system. This process includes the mobilizing of consultee's internal and external resources to deal with problems and change efforts. Caplan (1970) defines four kinds of consultation including client-centered, consultee-centered, program centered, and consultee centered. Kurpuis and Brubaker

(1976) developed a graphic model which represents a conceptual framework for performing consultation interventions. This model defines four phases, modes, and target dimensions of consultation and three consultation roles. Blake and Mouton (1976) have developed the most comprehensive and descriptive analysis of consultation through their consulcube. The consulcube is a graphic figure that helps consultants identify the kinds of consultation that should be offered under specified and definable conditions. This three dimensional figure includes hundreds of cells that depict various kinds of intervention, focal issues, and units of change. The consulcube allows the consultant to assess what he/she must do, what issue need to be resolved, and to whom the consultant does it.

Three main consultation forms are summarized below (generic, mental health, process), followed by two hybrid forms that seem especially suited to primary prevention work.

Main Consultation Forms

(a) "Generic" Model (Lippitt & Lippitt, 1978). Consultation is conceptualized as a process of seeking, giving, and receiving help that is comprised of six major phases.

1. Initial contact or entry;
2. Formulating a contract and establishing a helping relationship;
3. Problem identification and diagnostic analysis;
4. Setting goals and planning for action;
5. Taking action and cycling feedback;
6. Contact completion: continuity, support, and termination.

The consultant can use multiple roles that fall along a nondirective to a directive continuum. These possible roles include objective observer/reflector, process counselor, fact finder, alternative identifier and

linker, joint problem solver, trainer educator, informational expert, and advocate.

(b) Mental health model (Caplan, 1970). Consultation is viewed restrictively as a mental health intervention in which a mental health specialist consults with another mental health worker (consultee) about client issues or actual clients of the consultee. More specifically, Caplan identifies four main types of mental health consultation:

1) Client-centered case consultation, where the focus is on the consultee's work problem in dealing with a case or group of related cases; 2) consultee-centered case consultation, where attention is given to aspects of the consultee's own professional behavior that contribute to work problems; 3) program-centered administrative consultation, where planning and administration of mental health programs constitute the purpose for consultation; and 4) consultee-centered administrative consultation, where the focus is on organizational psychology issues (such as role confusion) that inhibit effective organizational functioning.

(c) Process consultation (Schein, 1969). Consultation is defined as ". . . a set of activities on the part of the consultant which help (sic) the client to perceive, understand, and act upon process events which occur in the client's environment (p. 9)." These process events refer to the human interactions occurring among organizational members. They include communication, member roles and functions in groups, group problem-solving and decision-making, group norms and growth, leadership and authority, and intergroup cooperation and competition.

Hybrid Consultation Forms

(a) System consultation (Katz & Kahn, 1966; Meade & Hamilton, 1979). Consultation in a complex environment, such as a university campus, is characterized by attending to the system properties of the environment (von Bertalanffy, 1956). In the case of a university system, for instance, a Student Affairs division is comprised of several interdependent departments (e.g., residence halls, student life, counseling center), and the division itself is interdependent with many other divisions (such as academic colleges), which themselves are comprised of several interdependent departments. Clearly, consultants using a systems perspective in their work must recognize the interdependency, boundaries, and multi-level nature required for the proper execution of the intervention.

(b) Environmental consultation (Banning, 1979; Conyne, Banning, Clack, Corazzini, Huebner, Keating, & Wrenn, 1978, 1979; Conyne, Lamb, Clack, Cochran, & LaFave, 1976; Holahan, 1977). This type of consultation is used as a vehicle to change selected aspects of an environment. These environmental aspects usually refer to institutional characteristics (such as policies, procedures, programs, and practices), to physical elements (such as available physical space or location), and to related social climate dimensions of an environment (such as the degree of cohesion present). Usually, environmental consultation proceeds from a valid data base and the consultation focuses on consultee decision making and action in relation to environmental change. All the generic consultative steps, human process and mental health considerations, and systems perspective points discussed in the models above are important. Additionally, critical factors include an acute awareness of and sensitivity to the operating political dynamics in the change setting, such

as turfdom issues, and the values match (e.g., change vs. status quo) existing between consultants and consultees.

Consulcube: An Analytical Tool and Comprehensive Model

Blake and Mouton (1976) have organized a model, termed "Consulcube," that encompasses the range of consultation activities that can occur. It is an overarching system that can be applied alongside the models described above to more deeply understand the uses of consultation. For example, the Consulcube could be used to analyze an environmental consultation.

The Consulcube model consists of the following three dimensions (What, Why, To Whom), each one having several levels:

Kinds of consultative interventions (WHAT)

Acceptant (e.g., listening)
Catalytic (e.g., data collection)
Confrontation (e.g., challenging)
Prescriptive (e.g., giving suggestions)
Theory & principles (e.g., offering theoretical interpretations)

Focal issues (WHY)

Power/Authority
Morale/Cohesion
Norms/Standards
Goals/Objectives

Units of change (TO WHOM)

Individual
Group
Intergroup
Organization
Larger social system

Consultation in primary prevention can take any form, and it includes many roles. Its main restriction is that the unit of change (in Blake & Mouton's terminology) would be conceptualized within an organizational or larger social system framework due to the emphasis in

primary prevention on populations and on environmental and social system change. In that regard, the so-called consultation hybrid models seem especially sensitive to primary prevention work and particularly to issues related to institutional racism and sexism.

Institutional Racism and Sexism Operationalized and Defined

Racism and sexism can be generally defined as any attitude, action, or institutional structure which subordinates a person or group because of their race or sex (Racism & Sexism Resource Center, 1975; U.S. Commission on Civil Rights, 1970). Individual or personal racism/sexism is a subjective belief in the superiority of one's own race/sex over another person's, and specific behaviors that maintain this superiority. Individual or personal racism/sexism is communicated verbally, non-verbally, and through personal attitudes and behaviors.

Institutional racism/sexism are overt, covert, and subtle manifestations of personal racism/sexism through institutional practices, structures, or policies. These institutional regulations produce situation where the oppressed are placed or maintained in a position or status of inferiority by means of attitudes, actions, or institutional structures which do not use color or sex per se as subordinating mechanisms, but use outdated and inequitable institutional structures to maintain the discrimination. Sedlacek and Brooks (1976) define institutional racism as actions taken by a social system or institution which results in negative outcomes for members of a certain group or groups. A similar definition for institutional sexism would imply that an institution can produce negative outcomes for women and men.

These definitions imply that racism/sexism can be expressed as individual attitudes or behaviors, or through institutional practices.

Additionally, these definitions imply that racism/sexism can be overt-covert, conscious-unconscious, intentional-unintentional, subtle or direct. Regardless of which definition is used, racism/sexism unfairly discriminates against people, usurps basic human rights guaranteed by the Constitution, and contributes to general anti-humanism (Ordway, 1973).

Background of Consultation

Before analyzing the primary prevention consultation that was conducted, the context within which the intervention was implemented will be elaborated. This background material will contain important historical and process events, with an emphasis on the function of the committee that was formally charged with investigating issues related to racism and sexism.

In the Fall of 1976, the institution completed a self-evaluation to determine whether it was in compliance with the requirements of Title IX of the Higher Education Amendment of 1972. A self-evaluation committee reviewed the University's policies and practices to determine whether the University was in compliance with laws which prohibit discrimination based on sex, race, or other prohibited areas. The self evaluation committee focused particularly on the areas of admissions, treatment of students, and employment. The committee forwarded over a 100 page report to the Executive Vice Chancellor discussing potential areas of discrimination. In October 1977, the Executive Vice Chancellor appointed a committee to enumerate recommendations to reduce race and sex role stereotypes in the university. The committee's charge was to analyze the report and suggest solutions to the problems of sex and race role stereotyping. The committee was named The Campus Committee to Reduce

Race and Sex Role Stereotypes. One author was elected chairperson and directed the 10 member committee for 9 months. The outcome of the committee's work was a 27 page report specifying 53 recommendations to reduce sexism and racism on the campus. These 53 recommendations were clustered into seven areas including: 1) Admissions and Recruitment of Students, 2) Career Development, Counseling, and Resource Development, 3) Faculty and Staff Employment, 4) Sensitization, In-Service, Educational Programming Needs for the Campus, 5) Treatment of Students, 6) Academic Support Services and Developmental Assistance for Students, 7) Identification of Data and Research. Table 2 shows these seven areas of concern.

Insert Table 2 About Here

THE COMMITTEE FORMATION, PROCESS, AND OUTCOMES

The Campus Committee to Reduce Race and Sex Role Stereotypes was formed as a direct result of the Title IX Self Evaluation Report. This report was designed to examine the campus environment and assess whether the university was in compliance with Title IX guidelines. The Title IX report included information, analysis, and data from three subcommittees including: a) Subcommittee on Admissions; b) Subcommittee on Treatment of Students; c) Subcommittee on Employment. The Subcommittee on Admissions assessed the following areas: admission policies, recruitment, enrollment of male and female students, financial aid to entering minorities, recruitment of minorities, and use of tests and brochures. The Subcommittee on Treatment of Students assessed intramural athletics, single sex organizations, and peculiar patterns in the treatment of students.

This subcommittee also examined intercollegiate athletics in terms of facility usage, kinds of sports, scholarships, financial aid, and support services particularly for women. The subcommittee on employment assessed faculty hiring, promotion and tenure issues, unclassified workers, and student employment. Additionally, this report recommended that another committee be formed to enumerate ways of reducing sex and race role stereotypes at the University. The Executive Vice Chancellor appointed the Committee to Reduce Sex and Race Role Stereotypes in October, 1977 that became the focus of the case consultation described in this paper.

Committee Process. Eleven people were invited to participate on the committee, including four faculty members, four student personnel workers, two students, (1 undergraduate, 1 graduate student), and one representative of the central administration. The specific charge of the committee was to enumerate ways to reduce sex and race role stereotypes at the University. The committee met nine times from October 13, 1977 to June 21, 1978. The first two meetings were led by a temporary chairperson and one of the authors was elected to chair the committee during the nine month process.

The committee process included a number of specific steps. First, all members of the committee confidentially studied the Title IX Self Evaluation Report. This analysis of the previous report raised the question of the specific goals and objectives of the committee. The Executive Vice Chancellor met with the committee to clarify the committee's task. It was recommended that subcommittees study specific parts of the Title IX Slf Evaluation Report and make concrete recommendations to the larger committee. The four subcommittees included: 1) Admission

and Recruitment; 2) Treatment of Students; 3) Career Development and Counseling; 4) Faculty and Staff Employment. These subcommittee reports included a list of specific recommendations for reducing sex and race role stereotypes and a rational for why the recommendations were important. Each subcommittee wrote a mini-report that was circulated to other subcommittees and discussed between January 16, 1978 and March 1, 1978. The author then wrote a synthesis of the subcommittee reports that were critiqued by the entire committee. On May 15, 1978 the final draft was approved by the committee and on June 21, 1978 "Recommendations for Reducing Race and Sex Role Stereotyping" was sent with cover letter to the Executive Vice Chancellor of the university. Fifty three recommendations were made to the Exectuvie Vice Chancellor.

Consultation Process. On July 10, 1978 the Executive Vice Chancellor sent a memo thanking the committee and indicating that the report would be discussed at the administrative retreat held by the Chancellor and all Vice Chancellors of the university. From this point on, one of the authors consulted with the central administration to have the recommendations implemented over a 17 month period. The consultation dynamics included: 1) face-to-face meetings with the five vice-chancellors; 2) requests by the committee to have funds allocated to implement the recommendations, 3) requests from the Vice Chancellors to have the 53 recommendations ranked and prioritized in terms of "needing immediate attention" or "needing immediate budgetary attention"; 4) denial of funds by the Vice Chancellors; 4) reduction of the 53 recommendations to 15 that could be implemented without any cost; 6) eight different newspaper accounts by the campus and city newspaper on the committee's work;

7) final acceptance by the Vice Chancellors of 10 of the 15 recommendations.

On November 20, 1978, the committee met with the Vice Chancellors to discuss the report and possible budgetary support. The Vice Chancellors thanked the committee for its work but indicated that the 55 recommendations were too comprehensive and the most important ones should be identified. They asked the committee to prioritize the recommendations into those needing a) immediate attention, b) immediate budgetary attention. After consulting with the Executive Vice Chancellor, the chairperson sent a questionnaire to each committee member asking them to prioritize the recommendations into those needing immediate attention and those needing immediate budgetary attention. On December 13, 1978, the chairperson sent to the Executive Vice Chancellor 20 recommendations that needed immediate attention and 15 other recommendations that needed immediate budgetary support. Those recommendations were discussed again at the mid-year administrative retreat of the Chancellor and Vice Chancellors. On January 16, 1979, the committee met again with the Vice Chancellors to discuss the next steps and ascertain whether a budget could be generated to implement the recommendations. There was some heated discussion about the recommendation and it was indicated that no budgetary resource could specifically be allocated for the purpose of implementing the recommendations. Over the next six weeks, the chairperson discussed the report with each Vice Chancellor to understand their views on the status of the recommendations and how to proceed toward implementation. Through these discussions, the Executive Vice Chancellor asked the chairperson to isolate those recommendation that

could be implemented without great cost. These recommendations were sent to the Executive Vice Chancellor on April 30, 1979. Table 3 shows these recommendations.

Insert Table 3 About Here

Seven months passed where there were a series of events that shaped the outcome of the intervention. In July, 1979, the American Association of University Professor's (AAUP) equal opportunity committee asked the Executive Vice Chancellor to release the report titled "Recommendations for Reducing Racial and Sexual Stereotyping." The report was then released to AAUP for their study. In early September, the report was also discussed by SenEx which is the Senate Executive Committee of faculty goverance at the University. There was resistance by SenEx to the 15 recommendations. Some called the report muddled and an unfortunate document. Others thought these recommendations were the responsibility of the Affirmative Action office. On September 4, 6, and 11, the committee's report was discussed in the campus and city newspaper. The author responded to some of the criticism of the report and the recommendations were individually listed. Members of SenEx, Affirmative Action office, the Executive Vice Chancellor, and the author were quoted. The report had been made known to the campus community and the public. On December 7, 1979, the Executive Vice Cancellor released a memo summarizing the actions which had been taken in response to the 15 recommendations submitted by the Campus Committee to Reduce Sex and Race Role Stereotyping. This memo was released to the press indicating that 10 of

the 15 recommendations would be implemented. Those recommendatons that are starred in Table 4 indicate those that were implemented, assigned, or endorsed by the university administration.

Implications for Counseling Psychologists

The primary prevention intervention described has numerous implications for counseling psychologists committed to institutional and environmental change. First, this intervention demonstrates that it is possible to systematicall intervene in the process of institutional change. Although many of the recommendations were not directly implemented, university administrators did focus their attention on the issues of racism and sexism that could potentially affect the institution. Second, it is clear that interventions such as the one described do stimulate power, control, and emotions in those administrators and faculty responsible for institutional decision making. The consultative and power dynamics between the consultant and the institution deserve more detail than is possible in this paper. Third, the effects of the intervention on the actual change in the institution are not easily determined. The authors are currently completing a 20 month follow-up of those administrators responsible for implementing the 10 recommendations endorsed by the university administration. This follow-up should provide valuable information about the effects of the recommendations. Fourth, future analyzes of the consultation dynamics are needed to better understand the change process of the consultation described in this paper. For example, an analysis of this consultation using Blake and Mouton's (1976) "Consulcube" would provide special insights into the tactics of institutional consultation and change. Theoretical analyzes of actual consultation interventions implemented will provide counseling

psychologists with a better understanding of the consultation processess and potentially decrease those environmental impediments (i.e., racism/sexism) that oppress people who live and learn in those environments.

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Table 1
Primary Prevention Concepts Used

1. Proactive: Initiating, anticipating, reaching out actively. The opposite of reactive.

2. Population-based: Large groupings of individuals identified as the potential target of an intervention. The opposite of individual-based.

3. Anticipation of disorder: Detecting the potential imminence of a debilitating life problem for a population, although members do not currently experience the problem.

4. Population at risk: The target population that is susceptible to experiencing the disorder at some near future point.

5. Before-the-fact interventions: Instituting a program aimed to reduce the incidence of a disorder for a population at risk, prior to its occurrence in the population.

6. Direct delivery: Interventions that are presented by professional helpers face-to-face to target population members; "hands-on" service.

7. Indirect delivery: Interventions that are presented by professional helpers to target population members through media, consultees, paraprofessionals, or use of other mediated strategies.

8. Reducing the incidence: Attempting through an intervention to lower the number of new cases of population members who experience the disorder beyond what would have been expected if the intervention had not been implemented.

9. Counteract harmful circumstances: Positive modification of those environmental conditions that have been shown to contribute negatively to the disorder in question.

10. Promote emotional robustness: Competency (knowledge and skills) enhancement in the members of the target population so they are better able to cope with and withstand harmful circumstances.

11. Protection: Indirectly insuring a greater degree of safety for the population at risk by removing or eliminating noxious environmental conditions.

12. Become more fully competent: Directly aiding the population at risk to develop greater knowledge, more constructive attitudes, and/or more adequate skills so that their coping capacity in relation to the threatening disorder is improved.

Table 2

Seven Major Areas of Concern Identified by the Committee Report to Reduce Institutional Racism and Sexism

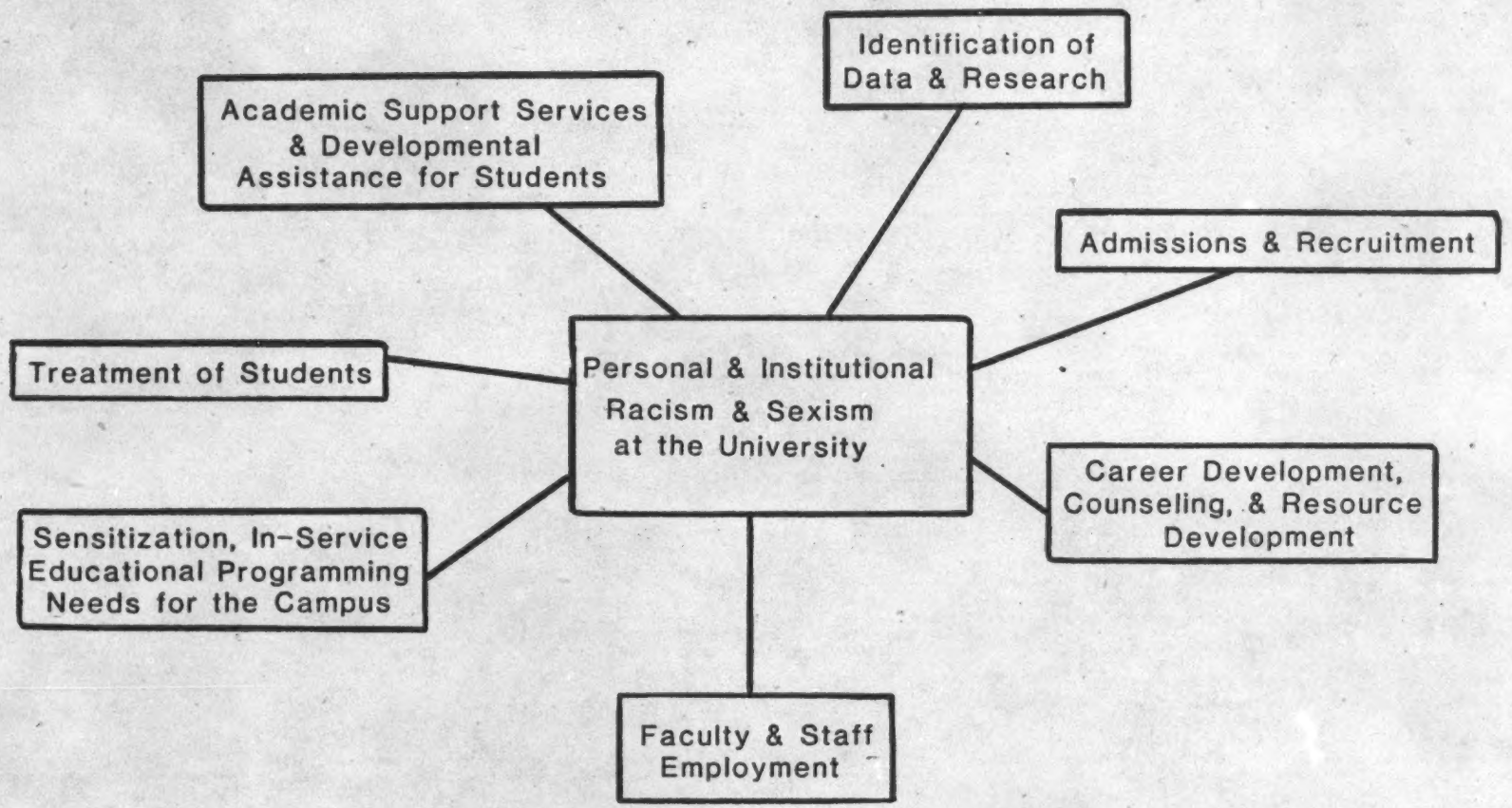
Identification of Data & Research
Academic Support Services & Developmental Assistance for Students
Admissions & Recruitment
Treatment of Students
Personal & Institutional Racism & Sexism at the University
Career Development, Counseling, & Resource Development
Sensitization, In-Service Educational Programming Needs for the Campus
Faculty & Staff Employment

Table 3

FIFTEEN RECOMMENDATIONS TO REDUCE RACE AND SEX ROLE STEREOTYPING AT THE UNIVERSITY

* Recommendation 1:

To review how each graduate department recruits and admits students. This review would request that departments report their current policies of recruitment/admissions and to articulate what further steps might be taken to effectively resolve underrepresentation of non-whites and women.

* Recommendation 2:

To operationalize an annual reporting of total number of students by sex, race, and age in our graduate programs. This information would allow the University to understand trends in student enrollment/attrition and to monitor where there is apparent underrepresentation/discrimination.

* Recommendation 3:

To survey all graduate and undergraduate departments to assess how each department provides remedial or tutorial help for those students who are failing due to deficiencies in reading, writing, study skills, and other necessary skills to be successful at the University.

* Recommendation 4:

To survey all graduate departments to assess what admissions criteria are used to admit or reject students. This survey would ask each department to state its admission criteria, justify these criteria in terms of academic excellence, and to explain how these criteria are not discriminatory in terms or race, sex, age, creed, handicap, or sexual persuasion.

Recommendation 5:

To review all academic coursework (graduate & undergraduate) to ascertain whether curricular offerings are representative of our culture in terms of races, both sexes, and across all socio-economic levels. This review would indicate the depth and breadth of multicultural education at the University of Kansas.

* Recommendation 6:

To institutionalize an annual census of students obtaining information on student attitudes and expectancies, needs and problem areas, and other information that would be valuable to faculty and staff in providing quality classroom instruction and support services.

Recommendation 7:

To survey undergraduate and graduate departments to ascertain which departments would co-sponsor in-service programs for their faculty related

to how sex and race stereotypes may negatively effect the advising and instructional processes. This same survey could be used in the Division of Student Affairs.

Recommendation 8:

To implement a training program to annually sensitize all journalists that perform or write in the media to the potential negative effects of sex, race, and religious stereotypes that can be communicated in the media.

* Recommendation 9:

To implement in-service training program annually for all residence hall staff to sensitize them to the negative effects of sex and race roll stereotypes as they might be manifested in residence hall living.

Recommendation 10:

To establish in all residence hall staff members' job descriptons, the specific responsibility of implementing one educational program per year related to the negative effects of sex and race roll stereotyping.

* Recommendation 11:

To institutionalize a career planning course for academic credit to assist students in career and life planning.

* Recommendation 12:

To identify and hire an expert consultant(s) to give advice and guidance on how to more effectively recuit and retain Black (or other non-white) faculty and staff at the University.

* Recommendation 13:

To survey all academic departments using placement tests to place or admit students to any academic department. This survey would document the tests used, the rationale for their use, and how they are non-discriminatory.

* Recommendation 14:

To legislate through job descriptions of major administrators in Student Affairs that any office providing direct services to students be required to gather student evaluation research on the impact and helpfulness of these services. One section of the research would assess students' perceptions of how they were treated in terms of sex and race role stereotypes.

Recommendation 15:

To have the Executive Vice Chancellor appoint a central steering committee to implement the above recommendations and the 53 recommendations specified

by the Campus Committee to Reduce Sex and Race Role Stereotypes at the University of Kansas. This steering committee would decide what next steps are needed, a timetable for implementation, and a means to monitor progress. The chairperson of this committee should be a major administrator at the University (Vice Chancellor, Assistant Vice Chancellor, or Dean).